



STATE OF SOUTH CAROLINA
SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
1550 GADSDEN STREET ~ POST OFFICE BOX 995
COLUMBIA, SC 29202

ELECTRONIC FUNDS TRANSFER AGREEMENT

SCDEW Account # _____ FID # _____

Account Name and Address _____

This is an agreement between the South Carolina Department of Employment & Workforce, (hereinafter SCDEW), and (_____ "the Employer"), entered into on this the _____ day of _____. The SCDEW and the Employer agree as follows:

1. The SCDEW authorizes the Employer to transmit electronically using the Automated Clearing House (ACH), unemployment insurance premiums (hereinafter "Funds"), due quarterly to the Department by the Employer.
2. The premium due dates will remain the same with regard to interest. SCDEW must receive the funds by the due date or appropriate interest will be assessed. (*On or before the last day of the month following the end of the quarter*)
3. It is the responsibility of the Employer to transmit funds so as to be received by SCDEW's bank by the due date.
4. This Agreement will be effective _____ quarter/year.

Employer or Agent (print)

Employer or Agent Signature & Date

Employer or Agent Title

SCDEW Official Signature & Date

Employer or Agent Phone Number

SCDEW Official Title

Employer or Agent E-Mail Address